

CDK1 Inhibitor RO-3306 enhances BTKi potency in diffuse large B-cell lymphoma by suppressing JAK2/STAT3 signaling

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INTRODUCTION

Diffuse large B-cell lymphoma (DLBCL), known for its aggressive nature, comprises roughly 30% of all non-Hodgkin's lymphomas^[1]. The past two decades have witnessed considerable progress in demystifying the complex and varied nature of DLBCL, characterized by its distinctive pathological morphology, immunophenotypic attributes, clinical manifestations, and prognoses^[2]. Advancements in gene expression profiling (GEP) have paved the way for the recognition of unique DLBCL subgroups. These include prominent subtypes like the activated B-cell-like (ABC) and germinal-center B-cell-like (GCB) groups. Bruton's tyrosine kinase (BTK), a pivotal signaling molecule within the B-cell receptor (BCR) pathway, comes into sharp focus, particularly in sustaining the viability of ABC DLBCL cells harboring wild-type CARD11^[3]. The clinical promise of the BTK inhibitor (BTKi) ibrutinib, especially for the ABC subtype, has been underscored in recent clinical trials^[4]. Despite the promising trajectory of BTK-targeted therapies, it is critical to acknowledge that DLBCL's response to BTKi is not uniform.

AIM

To elucidate the principal genes influencing BTK inhibitor (BTKi) sensitivity in diffuse large B-cell lymphoma (DLBCL) and to delineate the underlying mechanism. Within this context, our current investigation unveils the pivotal role of CDK1, a key determinant of BTKi sensitivity in DLBCL. Utilizing a blend of bioinformatics and experimental analyses, we illustrate the influence of CDK1 inhibition (via RO-3306) on enhancing BTKi sensitivity, laying a foundational stone for spearheading personalized therapeutic strategies against DLBCL.

CDK1 is the key gene related to ibrutinib resistance in DLBCL A total of 1658 DEGs were finally identified as related to ibrutinib resistance in DLBCL cells, according to the criteria $|\log_{2}FC| > 2$ and $P \text{ value} < 0.05$. Among them, 837 were upregulated. The DEGs were ranked by degree of connectivity (Figure 1), and CDK1 was selected as the key gene.

CDK1 inhibitor (RO-3306) inhibits viability, prompts apoptosis, and enhances the sensitivity of DLBCL cells to ibrutinib Using CCK-8 assays, we observed a concentration-dependent decrease of cell proliferation upon treatment with RO-3306. Furthermore, our experiments highlighted the potential synergistic relationship between RO-3306 and ibrutinib. Our data revealed that RO-3306 may act as a potent inhibitor of cell proliferation and promoter the apoptosis in DLBCL cells, potentially enhancing the therapeutic efficacy of ibrutinib in the treatment of DLBCL.

RO-3306 inhibits tumor growth and enhances the sensitivity to ibrutinib in vivo A xenograft tumor growth model was established using BALB/c mice as hosts, into which U2932 cells were subcutaneously implanted. Our investigations vividly indicate that RO-3306 functions as a formidable agent in curtailing tumor growth. Moreover, it was observed to amplify the inhibitory effects of ibrutinib synergistically, shedding light on the potential of combinatory therapy for improved treatment outcomes (Figure 2).

RO-3306 suppresses the activity of the JAK2/STAT3 signaling pathway To dissect the intricate dynamics of this pathway under the influence of RO-3306, we executed a meticulous RNA-seq study on U2932 cells subjected to various treatments: DMSO, ibrutinib, RO-3306, and a combination of ibrutinib and RO-3306. This approach facilitated the identification of several differentially expressed RNAs, notably pointing towards an association with JAK2/STAT3 pathway activation (Figure 3). Western blot and immunofluorescence experiments were performed, and the results showed that RO-3306 inhibited JAK2/STAT3 signaling, thereby suppressing the expression of NF- κ B, and BCL-2; enhancing the expression of BAX; and affecting the survival, apoptosis, and drug sensitivity of DLBCL cells to ibrutinib.

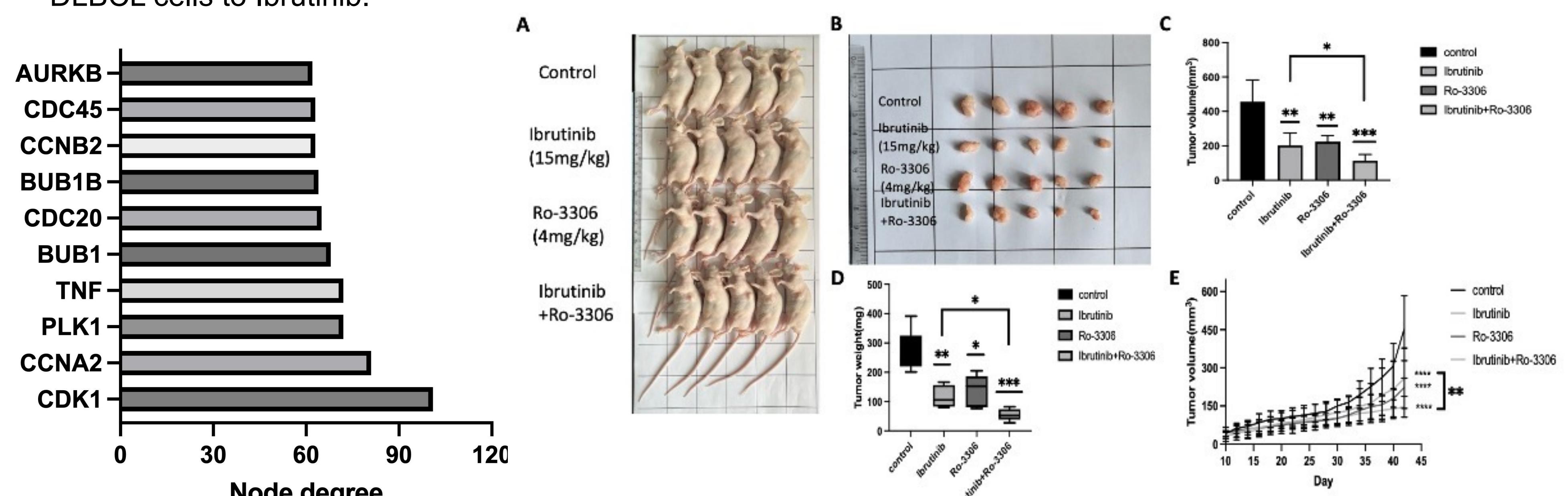


Figure 1 CDK1 was associated with ibrutinib resistance in DLBCL. A set of 10 pivotal genes were identified and arranged based on connectivity significance.

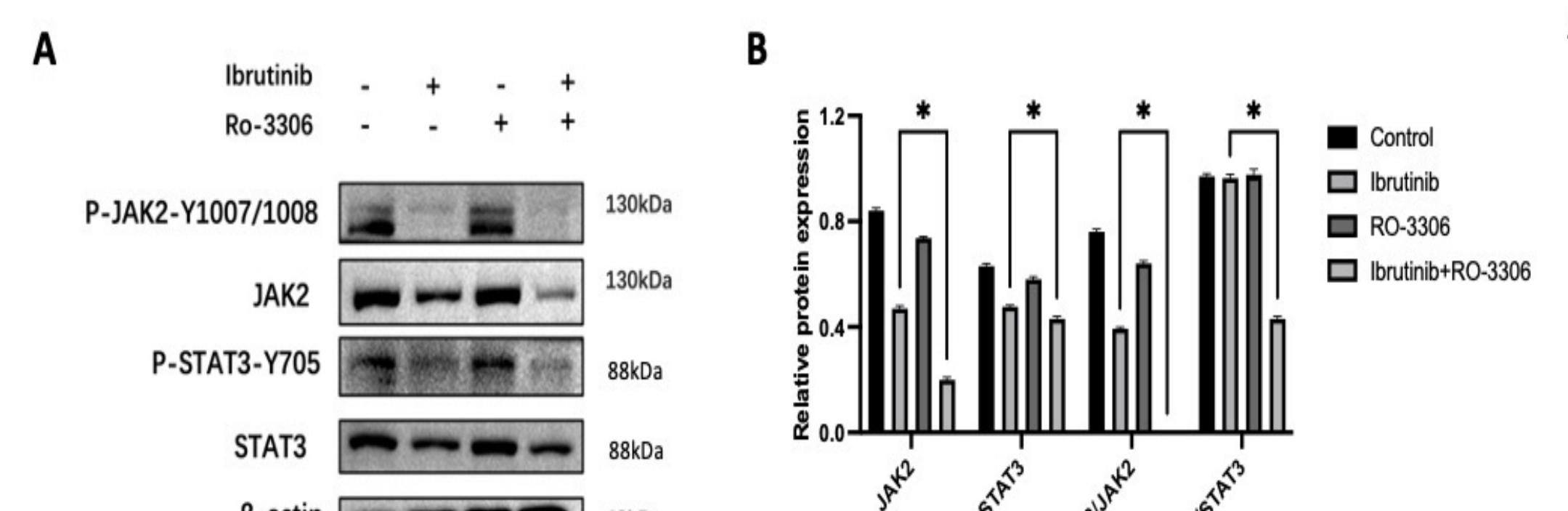


Figure 2 The inhibitory effects of RO-3306 on DLBCL tumor development in mice models. U2932 cells were grafted in BALB/c mice. Post tumor growth to around 100 mm³, mice were categorized into control and medicated cohorts, each containing four mice. Both Ibrutinib (15 mg/kg) and RO-3306 (4 mg/kg) were given daily. By day 20, resultant tumors were visualized (A, B) and assessed for volume (C) and weight (D). (E) Bi-daily tumor size measurements.

Figure 3 RO-3306's modulation of BTKi attributes in DLBCL cells via the JAK2/STAT3 pathway. Protein profiling was done using Western blotting, focusing on total and activated JAK2 and STAT3 (A). Subsequent calculation of associated protein expression was conducted (B).

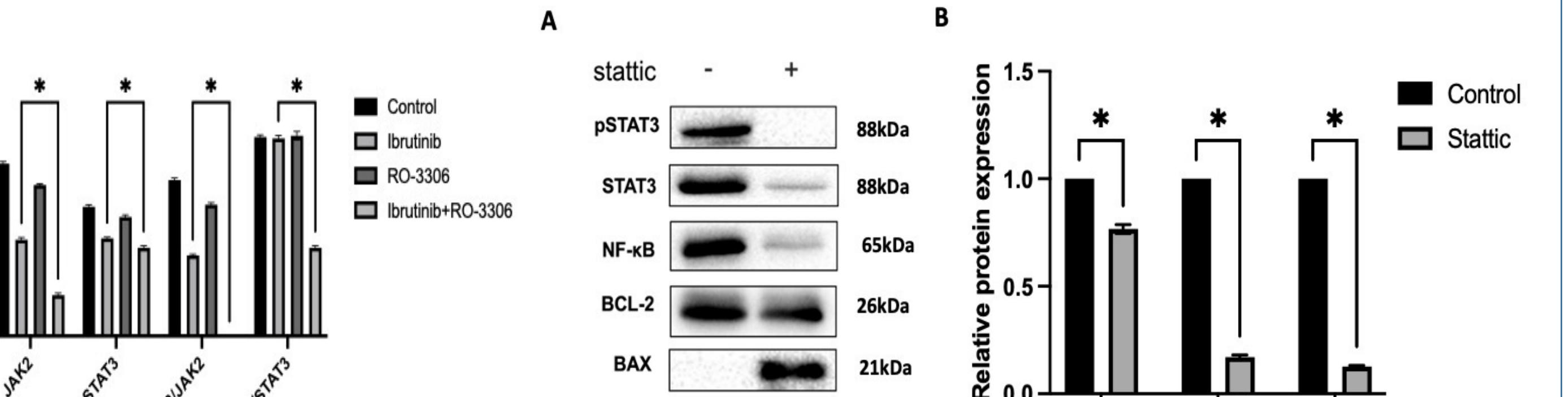


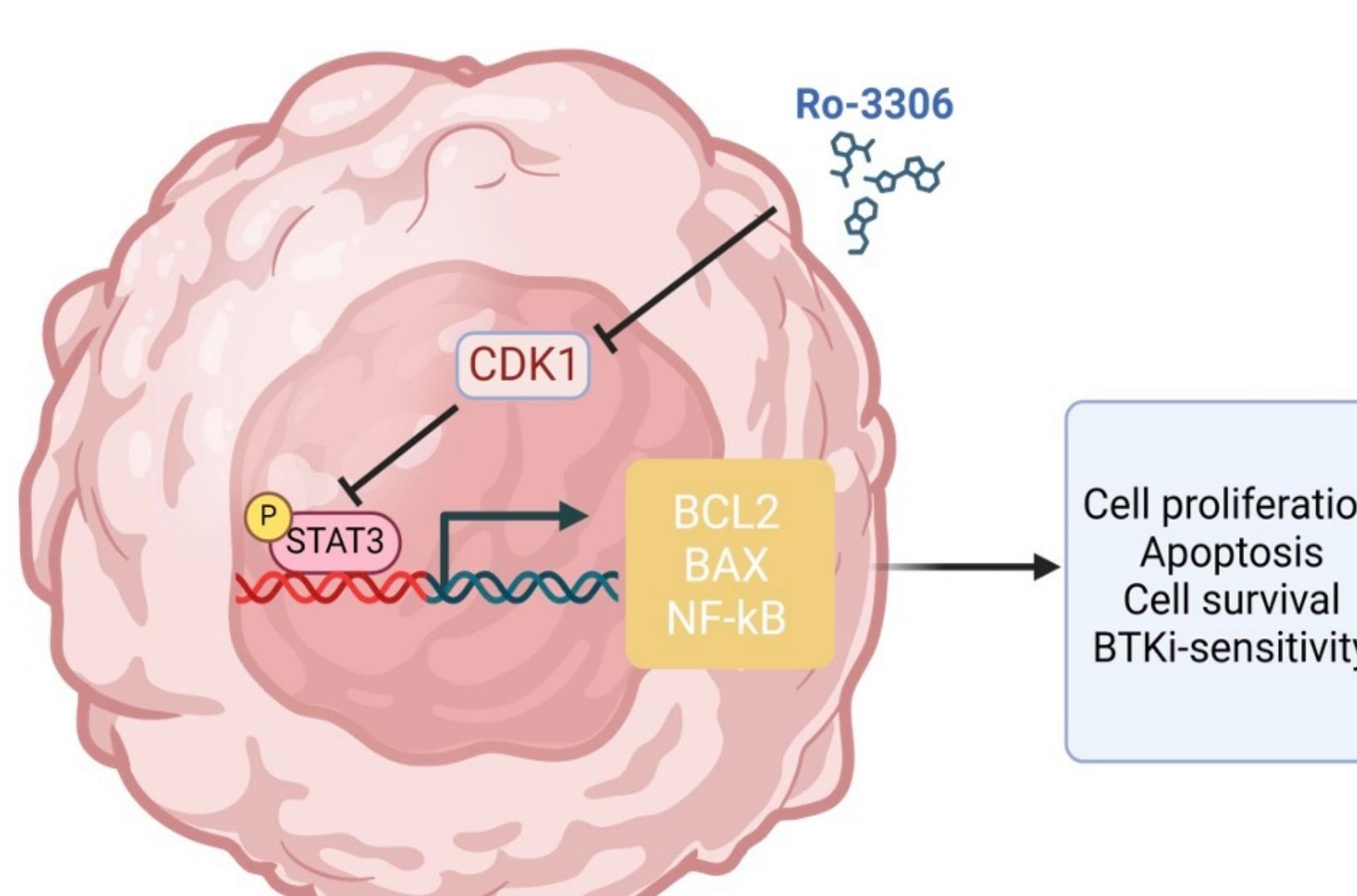
Figure 4 Detection of STAT3 downstream target protein by WB. The results showed that RO-3306 suppressed the expression of NF- κ B, and BCL-2; enhanced the expression of BAX.

METHOD

Utilizing the microarray dataset GSE138126 extracted from the Gene Expression Omnibus (GEO) database, we conducted a comprehensive analysis to identify differentially expressed genes (DEGs) between BTKi-resistant and BTKi-sensitive cells, employing the "limma" tool. Subsequently, a network of 30 hub genes exhibiting significant connectivity was curated, with CDK1 emerging as the predominant gene. The potential impact of targeting CDK1 using its specific inhibitor, RO-3306, was examined in DLBCL through various methods, including CCK-8 and flow cytometry assays. The efficacy of RO-3306 in augmenting BTKi sensitivity in DLBCL was scrutinized both in cellular models and in mouse xenografts. Further, the mechanistic action of RO-3306 was investigated using RNA-seq and substantiated through qRT-PCR and western blot analyses.

CONCLUSIONS

This study pioneers in unveiling pivotal insights into the mechanisms governing BTKi sensitivity in DLBCL, potentially heralding new avenues for targeted therapeutic strategies.



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